

# EVERY TOWN SCHOOL DISTRICT

## SECTION 504/ADA STUDENT ELIGIBILITY FORM\*

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Eligibility Team Members:** Fill in names and check areas of knowledge for each team members:

Names:	...child	...meaning of evaluation data	...accommodations/ placement options
Note: Make sure there is at least one check in each column			

Sources of evaluation information (check each one used):

\_\_\_\_\_ aptitude and/or achievement tests  
\_\_\_\_\_ adaptive behavior

\_\_\_\_\_ teacher recommendations  
\_\_\_\_\_ others(specify): \_\_\_\_\_

- Specify the mental or physical *impairment* \_\_\_\_\_  
(as recognized in *DSM-IV* or other respected source if not excluded under 504/ADA, e.g., illegal drug use)
- Check the *major life activity*: \_\_\_\_\_ seeing \_\_\_\_\_ hearing \_\_\_\_\_ walking \_\_\_\_\_ learning  
\_\_\_\_\_ reading \_\_\_\_\_ thinking \_\_\_\_\_ concentrating \_\_\_\_\_ sleeping  
\_\_\_\_\_ bowel functions \_\_\_\_\_ bladder functions \_\_\_\_\_ digestive functions \_\_\_\_\_ eating  
  
or specify alternative of equivalent scope and importance: \_\_\_\_\_
- Place an "X" on the following scale to indicate the specific degree that the impairment (in #1) limits the major life activity (in #2):
  - Make an educated estimate **without** the effects of mitigating measures, such as medication; low-vision devices (except eyeglasses or contact lenses); hearing aids and cochlear implants; mobility devices, prosthetics, assistive technology; learned behavioral or adaptive neurological modifications; and reasonable accommodations or auxiliary aids/services.
  - Similarly, for impairments that are episodic or in remission, make the determination for the time they are active.
  - Use the average student in the general (i.e., national) population as the frame of reference.
  - Interpret close calls in favor of broad coverage (i.e., construing Items 1-3 to the maximum extent that they permit). Thus, for an "X" at 4.0 or below, fill in specific information evaluated by the team that justifies the rating:

- |   |                      |       |
|---|----------------------|-------|
| 5 | Extremely            | _____ |
| 4 | <b>Substantially</b> | _____ |
| 3 | Moderately           | _____ |
| 2 | Mildly               | _____ |
| 1 | Negligibly           | _____ |

- If the team's determination for #3 was less than "4," provide notice to the parents of their procedural rights, including an impartial hearing. If the team's determination was a "4" or, above, the team should determine and list on the 504/ADA Plan the specific accommodations that are necessary for the child to have an opportunity commensurate with nondisabled students (of the same age).

\* Adapted with permission from Perry A. Zirkel, author of *Section 504, the ADA and the Schools.*